

COMMITTEE PRINT

Budget Reconciliation Legislative Recommendations Relating to Affordable Health Care Coverage

1 Subtitle F—Affordable Health Care 2 Coverage

3 SEC. 30601. ENSURING AFFORDABILITY OF COVERAGE FOR 4 CERTAIN LOW-INCOME POPULATIONS.

5 (a) REDUCING COST SHARING UNDER QUALIFIED
6 HEALTH PLANS.—Section 1402 of the Patient Protection
7 and Affordable Care Act (42 U.S.C. 18071) is amended—

8 (1) in subsection (b)—

9 (A) in paragraph (2), by inserting “(or,
10 with respect to plan years 2023 and 2024,
11 whose household income does not exceed 400
12 percent of the poverty line for a family of the
13 size involved)” before the period; and

14 (B) in the matter following paragraph (2),
15 by adding at the end the following new sen-
16 tence: “In the case of an individual with a
17 household income of less than 138 percent of
18 the poverty line for a family of the size involved
19 for any month occurring during the period be-
20 ginning on January 1, 2022, and ending on De-
21 cember 31, 2022, such individual shall, for such

1 month and for each succeeding month during
2 such period, be treated as having household in-
3 come equal to 100 percent for purposes of ap-
4 plying this section.”; and
5 (2) in subsection (c)—

6 (A) in paragraph (1)(A), in the matter
7 preceding clause (i), by inserting “, with respect
8 to eligible insureds (other than, with respect to
9 plan years 2023 and 2024, specified enrollees
10 (as defined in paragraph (6)(C))),” after “first
11 be achieved”;

12 (B) in paragraph (2), in the matter pre-
13 ceding subparagraph (A), by inserting “with re-
14 spect to eligible insureds (other than, with re-
15 spect to plan years 2023 and 2024, specified
16 enrollees)” after “under the plan”;

17 (C) in paragraph (3)—

18 (i) in subparagraph (A), by striking
19 “this subsection” and inserting “paragraph
20 (1) or (2)”; and

21 (ii) in subparagraph (B), by striking
22 “this section” and inserting “paragraphs
23 (1) and (2)”; and

24 (D) by adding at the end the following new
25 paragraph:

1 “(6) SPECIAL RULE FOR SPECIFIED ENROLL-
2 EES.—

3 “(A) IN GENERAL.—The Secretary shall
4 establish procedures under which the issuer of
5 a qualified health plan to which this section ap-
6 plies shall reduce cost-sharing under the plan
7 with respect to months occurring during plan
8 years 2023 and 2024 for enrollees who are
9 specified enrollees (as defined in subparagraph
10 (C)) in a manner sufficient to increase the
11 plan’s share of the total allowed costs of bene-
12 fits provided under the plan to 99 percent of
13 such costs.

14 “(B) METHODS FOR REDUCING COST
15 SHARING.—

16 “(i) IN GENERAL.—An issuer of a
17 qualified health plan making reductions
18 under this paragraph shall notify the Sec-
19 retary of such reductions and the Sec-
20 retary shall, out of funds made available
21 under clause (ii), make periodic and timely
22 payments to the issuer equal to 12 percent
23 of the total allowed costs of benefits pro-
24 vided under each such plan to specified en-
25 rollees during plan years 2023 and 2024.

1 “(ii) APPROPRIATION.—There are ap-
2 propriated, out of any monies in the Treas-
3 ury not otherwise appropriated, such sums
4 as may be necessary to the Secretary for
5 purposes of making payments under clause
6 (i).

7 “(C) SPECIFIED ENROLLEE DEFINED.—
8 For purposes of this section, the term ‘specified
9 enrollee’ means, with respect to a month occur-
10 ring during a plan year, an eligible insured with
11 a household income of less than 138 percent of
12 the poverty line for a family of the size involved
13 during such month. Such insured shall be
14 deemed to be a specified enrollee for each suc-
15 ceeding month in such plan year.”.

16 (b) OPEN ENROLLMENTS APPLICABLE TO CERTAIN
17 LOWER-INCOME POPULATIONS.—Section 1311(c) of the
18 Patient Protection and Affordable Care Act (42 U.S.C.
19 18031(c)) is amended—

20 (1) in paragraph (6)—

21 (A) in subparagraph (C), by striking at the
22 end “and”;

23 (B) in subparagraph (D), by striking the
24 period at the end and inserting “; and”; and

1 (C) by adding at the end the following new
2 subparagraph:

3 “(E) with respect to a qualified health plan
4 with respect to which section 1402 applies, for
5 months occurring during the period beginning
6 on January 1, 2022, and ending on December
7 31, 2024, enrollment periods described in sub-
8 paragraph (A) of paragraph (8) for individuals
9 described in subparagraph (B) of such para-
10 graph.”; and

11 (2) by adding at the end the following new
12 paragraph:

13 “(8) SPECIAL ENROLLMENT PERIOD FOR CER-
14 TAIN LOW-INCOME POPULATIONS.—

15 “(A) IN GENERAL.—The enrollment period
16 described in this paragraph is, in the case of an
17 individual described in subparagraph (B), the
18 continuous period beginning on the first day
19 that such individual is so described.

20 “(B) INDIVIDUAL DESCRIBED.—For pur-
21 poses of subparagraph (A), an individual de-
22 scribed in this subparagraph is an individual—

23 “(i) with a household income of less
24 than 138 percent of the poverty line for a
25 family of the size involved; and

1 “(ii) who is not eligible for minimum
2 essential coverage (as defined in section
3 5000A(f) of the Internal Revenue Code of
4 1986), other than for coverage described in
5 any of subparagraphs (B) through (E) of
6 paragraph (1) of such section.”.

7 (c) ADDITIONAL BENEFITS FOR CERTAIN LOW-IN-
8 COME INDIVIDUALS FOR PLAN YEAR 2024.—Section
9 1301(a) of the Patient Protection and Affordable Care Act
10 (42 U.S.C. 18021(a)) is amended—

11 (1) in paragraph (1)—

12 (A) in subparagraph (B), by striking
13 “and” at the end;

14 (B) in subparagraph (C)(iv), by striking
15 the period and inserting “; and”; and

16 (C) by adding at the end the following new
17 subparagraph:

18 “(D) provides, with respect to a plan of-
19 fered in the silver level of coverage to which sec-
20 tion 1402 applies during plan year 2024, for
21 benefits described in paragraph (5) in the case
22 of an individual who, for a month during such
23 plan year, has a household income of less than
24 138 percent of the poverty line for a family of
25 the size involved, and who is eligible to receive

1 cost-sharing reductions under section 1402.”;
2 and

3 (2) by adding at the end the following new
4 paragraph:

5 “(5) ADDITIONAL BENEFITS FOR CERTAIN
6 LOW-INCOME INDIVIDUALS FOR PLAN YEAR 2024.—

7 “(A) IN GENERAL.—For purposes of para-
8 graph (1)(D), the benefits described in this
9 paragraph to be provided by a qualified health
10 plan are benefits consisting of non-emergency
11 medical transportation services and services de-
12 scribed in subsections (a)(4)(B), (a)(4)(C), and
13 (r) of section 1905 of the Social Security Act,
14 without any restriction on the choice of a quali-
15 fied provider from whom such an individual so
16 enrolled in such plan may receive such services
17 described in such subsection (a)(4)(C), and
18 without any imposition of cost sharing, which
19 are not otherwise provided under such plan as
20 part of the essential health benefits package de-
21 scribed in section 1302(a).

22 “(B) PAYMENTS FOR ADDITIONAL BENE-
23 FITS.—

24 “(i) IN GENERAL.—An issuer of a
25 qualified health plan making payments for

1 services described in subparagraph (A) fur-
2 nished to individuals described in para-
3 graph (1)(D) during plan year 2024 shall
4 notify the Secretary of such payments and
5 the Secretary shall, out of funds made
6 available under clause (ii), make periodic
7 and timely payments to the issuer equal to
8 payments for such services so furnished.

9 “(ii) APPROPRIATION.—There is ap-
10 propriated, out of any monies in the Treas-
11 ury not otherwise appropriated, such sums
12 as may be necessary to the Secretary for
13 purposes of making payments under clause
14 (i).”.

15 (d) EDUCATION AND OUTREACH ACTIVITIES.—

16 (1) IN GENERAL.—Section 1321(c) of the Pa-
17 tient Protection and Affordable Care Act (42 U.S.C.
18 18041(c)) is amended by adding at the end the fol-
19 lowing new paragraph:

20 “(3) OUTREACH AND EDUCATIONAL ACTIVI-
21 TIES.—

22 “(A) IN GENERAL.—In the case of an Ex-
23 change established or operated by the Secretary
24 within a State pursuant to this subsection, the
25 Secretary shall carry out outreach and edu-

1 educational activities for purposes of informing in-
2 dividuals described in section
3 1902(a)(10)(A)(i)(VIII) of the Social Security
4 Act who reside in States that have not ex-
5 pended amounts under a State plan (or waiver
6 of such plan) under title XIX of such Act for
7 all such individuals about qualified health plans
8 offered through the Exchange, including by in-
9 forming such individuals of the availability of
10 coverage under such plans and financial assist-
11 ance for coverage under such plans. Such out-
12 reach and educational activities shall be pro-
13 vided in a manner that is culturally and linguis-
14 tically appropriate to the needs of the popu-
15 lations being served by the Exchange (including
16 hard-to-reach populations, such as racial and
17 sexual minorities, limited English proficient
18 populations, individuals residing in areas where
19 the unemployment rates exceeds the national
20 average unemployment rate, individuals in rural
21 areas, veterans, and young adults).

22 “(B) LIMITATION ON USE OF FUNDS.—No
23 funds appropriated under this paragraph shall
24 be used for expenditures for promoting non-
25 ACA compliant health insurance coverage.

1 “(C) NON-ACA COMPLIANT HEALTH INSUR-
2 ANCE COVERAGE.—For purposes of subpara-
3 graph (B):

4 “(i) The term ‘non-ACA compliant
5 health insurance coverage’ means health
6 insurance coverage, or a group health plan,
7 that is not a qualified health plan.

8 “(ii) Such term includes the following:

9 “(I) An association health plan.

10 “(II) Short-term limited duration
11 insurance.

12 “(D) FUNDING.—There are appropriated,
13 out of any monies in the Treasury not other-
14 wise appropriated, \$15,000,000 for fiscal year
15 2022, and \$30,000,000 for each of fiscal years
16 2023 and 2024, to carry out this paragraph.
17 Funds appropriated under this subparagraph
18 shall remain available until expended.”.

19 (2) NAVIGATOR PROGRAM.—Section 1311(i)(6)
20 of the Patient Protection and Affordable Care Act
21 (42 U.S.C. 18031(i)(6)) is amended—

22 (A) by striking “FUNDING.—Grants
23 under” and inserting “FUNDING.—

24 “(A) STATE EXCHANGES.—Grants under”;
25 and

1 (B) by adding at the end the following new
2 subparagraph:

3 “(B) FEDERAL EXCHANGES.—For pur-
4 poses of carrying out this subsection, with re-
5 spect to an Exchange established and operated
6 by the Secretary within a State pursuant to sec-
7 tion 1321(c), the Secretary shall obligate
8 \$10,000,000 out of amounts collected through
9 the user fees on participating health insurance
10 issuers pursuant to section 156.50 of title 45,
11 Code of Federal Regulations (or any successor
12 regulations) for fiscal year 2022, and
13 \$20,000,000 for each of fiscal years 2023 and
14 2024. Such amount so obligated for a fiscal
15 year shall remain available until expended.”.

16 **SEC. 30602. TEMPORARY EXPANSION OF HEALTH INSUR-**
17 **ANCE PREMIUM TAX CREDITS FOR CERTAIN**
18 **LOW-INCOME POPULATIONS.**

19 (a) IN GENERAL.—Section 36B is amended by redес-
20 ignating subsection (h) as subsection (i) and by inserting
21 after subsection (g) the following new subsection:

22 “(h) CERTAIN TEMPORARY RULES FOR 2022
23 THROUGH 2024.—With respect to any taxable year begin-
24 ning after December 31, 2021, and before January 1,
25 2025—

1 “(1) ELIGIBILITY FOR CREDIT NOT LIMITED
2 BASED ON INCOME.—A taxpayer shall be treated as
3 an applicable taxpayer without regard to section
4 36B(c)(1)(A).

5 “(2) CREDIT ALLOWED TO CERTAIN LOW-IN-
6 COME EMPLOYEES OFFERED EMPLOYER-PROVIDED
7 COVERAGE.—The requirement of subclause (II) of
8 subsection (c)(2)(C)(i) shall not apply if the tax-
9 payer’s household income is less than 138 percent of
10 the poverty line for a family of the size involved. The
11 last sentence of such subsection shall also apply for
12 purposes of this paragraph.

13 “(3) CREDIT ALLOWED TO CERTAIN LOW-IN-
14 COME EMPLOYEES OFFERED QUALIFIED SMALL EM-
15 PLOYER HEALTH REIMBURSEMENT ARRANGE-
16 MENTS.—A qualified small employer health reim-
17 bursement arrangement shall not be treated as con-
18 stituting affordable coverage in the case of a tax-
19 payer whose household income is less than 138 per-
20 cent of the poverty line for a family of the size in-
21 volved.

22 “(4) LIMITATIONS ON RECAPTURE.—

23 “(A) IN GENERAL.—In the case of a tax-
24 payer whose household income is less than 200
25 percent of the poverty line for the size of the

1 family involved for the taxable year, the amount
2 of the increase under subsection (f)(2)(A) shall
3 in no event exceed \$300 (one-half of such
4 amount in the case of a taxpayer whose tax is
5 determined under section 1(c) for the taxable
6 year).

7 “(B) CERTAIN TAXPAYERS WITH RESPECT
8 TO WHICH AN EXCHANGE HAS MADE A LOW-IN-
9 COME DETERMINATION.—Subsection (f)(2)(A)
10 shall not apply to any taxpayer for any taxable
11 year if an Exchange established under title I of
12 the Patient Protection and Affordable Care Act
13 has determined that—

14 “(i) such taxpayer is eligible for ad-
15 vance payments under section 1412 of
16 such Act for any portion of such taxable
17 year, and

18 “(ii) such taxpayer’s household in-
19 come for such taxable year is projected to
20 be less than 138 percent of the poverty line
21 for a family of the size involved.

22 “(C) APPLICATION OF RETURN FILING RE-
23 QUIREMENTS.—In the case of a taxpayer—

24 “(i) who would not be required to file
25 a return of tax for the taxable year but for

1 any requirement to reconcile advance cred-
2 it payments, and

3 “(ii) with respect to whom subsection
4 (f)(2)(A) does not apply for such taxable
5 year by reason of subparagraph (B) of this
6 paragraph,

7 such taxpayer shall not be required to file such
8 return of tax.

9 “(D) INFORMATION PROVIDED BY EX-
10 CHANGE.—The information required to be pro-
11 vided by an Exchange to the Secretary and to
12 the taxpayer under subsection (f)(3) shall be
13 treated as including such information as is nec-
14 essary to determine whether such Exchange has
15 made the determinations described in clauses (i)
16 and (ii) of subparagraph (B) with respect to
17 such taxpayer.”.

18 (b) EMPLOYER MANDATE NOT APPLICABLE WITH
19 RESPECT TO CERTAIN LOW-INCOME TAXPAYERS RECEIV-
20 ING PREMIUM ASSISTANCE.—Section 4980H(c)(3) is
21 amended to read as follows:

22 “(3) APPLICABLE PREMIUM TAX CREDIT AND
23 COST-SHARING REDUCTION.—

1 “(A) IN GENERAL.—The term ‘applicable
2 premium tax credit and cost-sharing reduction’
3 means—

4 “(i) any premium tax credit allowed
5 under section 36B,

6 “(ii) any cost-sharing reduction under
7 section 1402 of the Patient Protection and
8 Affordable Care Act, and

9 “(iii) any advance payment of such
10 credit or reduction under section 1412 of
11 such Act.

12 “(B) EXCEPTION WITH RESPECT TO CER-
13 TAIN LOW-INCOME TAXPAYERS.—Such term
14 shall not include any premium tax credit, cost-
15 sharing reduction, or advance payment other-
16 wise described in subparagraph (A) if such
17 credit, reduction, or payment is allowed or paid
18 for a taxable year of an employee (beginning
19 after December 31, 2021, and before January
20 1, 2025) with respect to which—

21 “(i) an Exchange established under
22 title I of the Patient Protection and Af-
23 fordable Care Act has determined that
24 such employee’s household income for such
25 taxable year is projected to be less than

1 138 percent of the poverty line for a family
2 of the size involved, or
3 “(ii) such employee’s household in-
4 come for such taxable year is less than 138
5 percent of the poverty line for a family of
6 the size involved.”.

7 (c) EFFECTIVE DATE.—The amendments made by
8 this section shall apply to taxable years beginning after
9 December 31, 2021.

10 **SEC. 30603. ESTABLISHING A HEALTH INSURANCE AFFORD-**
11 **ABILITY FUND.**

12 (a) IN GENERAL.—Subtitle D of title I of the Patient
13 Protection and Affordable Care Act is amended by insert-
14 ing after part 5 (42 U.S.C. 18061 et seq.) the following
15 new part:

16 **“PART 6—IMPROVE HEALTH INSURANCE**
17 **AFFORDABILITY FUND**

18 **“SEC. 1351. ESTABLISHMENT OF PROGRAM.**

19 “There is hereby established the ‘Improve Health In-
20 surance Affordability Fund’ to be administered by the Sec-
21 retary of Health and Human Services, acting through the
22 Administrator of the Centers for Medicare & Medicaid
23 Services (in this section referred to as the ‘Adminis-
24 trator’), to provide funding, in accordance with this part,
25 to the 50 States and the District of Columbia (each re-

ferred to in this section as a ‘State’) beginning on January 1, 2023, for the purposes described in section 1352.

“SEC. 1352. USE OF FUNDS.

“(a) IN GENERAL.—A State shall use the funds allocated to the State under this part for one of the following purposes:

“(1) To provide reinsurance payments to health insurance issuers with respect to individuals enrolled under individual health insurance coverage (other than through a plan described in subsection (b)) offered by such issuers.

“(2) To provide assistance (other than through payments described in paragraph (1)) to reduce out-of-pocket costs, such as copayments, coinsurance, premiums, and deductibles, of individuals enrolled under qualified health plans offered on the individual market through an Exchange and of individuals enrolled under standard health plans offered through a basic health program established under section 1331.

“(b) EXCLUSION OF CERTAIN GRANDFATHERED PLANS, TRANSITIONAL PLANS, STUDENT HEALTH PLANS, AND EXCEPTED BENEFITS.—For purposes of subsection (a), a plan described in this subsection is the following:

1 “(1) A grandfathered health plan (as defined in
2 section 1251).

3 “(2) A plan (commonly referred to as a ‘transi-
4 tional plan’) continued under the letter issued by the
5 Centers for Medicare & Medicaid Services on No-
6 vember 14, 2013, to the State Insurance Commis-
7 sioners outlining a transitional policy for coverage in
8 the individual and small group markets to which sec-
9 tion 1251 does not apply, and under the extension
10 of the transitional policy for such coverage set forth
11 in the Insurance Standards Bulletin Series guidance
12 issued by the Centers for Medicare & Medicaid Serv-
13 ices on March 5, 2014, February 29, 2016, Feb-
14 ruary 13, 2017, April 9, 2018, March 25, 2019,
15 January 31, 2020, and January 19, 2021, or under
16 any subsequent extensions thereof.

17 “(3) Student health insurance coverage (as de-
18 fined in section 147.145 of title 45, Code of Federal
19 Regulations, or any successor regulation).

20 “(4) Excepted benefits (as defined in section
21 2791(c) of the Public Health Service Act).

22 **“SEC. 1353. STATE ELIGIBILITY AND APPROVAL; DEFAULT**
23 **SAFEGUARD.**

24 “(a) ENCOURAGING STATE OPTIONS FOR ALLOCA-
25 TIONS.—

1 “(1) IN GENERAL.—Subject to subsection (b),
2 to be eligible for an allocation of funds under this
3 part for a year (beginning with 2023), a State shall
4 submit to the Administrator an application at such
5 time (but, in the case of allocations for 2023, not
6 later than 120 days after the date of the enactment
7 of this part and, in the case of allocations for a sub-
8 sequent year, not later than January 1 of the pre-
9 vious year) and in such form and manner as speci-
10 fied by the Administrator containing—

11 “(A) a description of how the funds will be
12 used; and

13 “(B) such other information as the Admin-
14 istrator may require.

15 “(2) AUTOMATIC APPROVAL.—An application so
16 submitted is approved (as outlined in the terms of
17 the plan) unless the Administrator notifies the State
18 submitting the application, not later than 90 days
19 after the date of the submission of such application,
20 that the application has been denied for not being in
21 compliance with any requirement of this part and of
22 the reason for such denial.

23 “(3) 5-YEAR APPLICATION APPROVAL.—If an
24 application of a State is approved for a purpose de-
25 scribed in section 1352 for a year, such application

1 shall be treated as approved for such purpose for
2 each of the subsequent 4 years.

3 “(4) OVERSIGHT AUTHORITY AND AUTHORITY
4 TO REVOKE APPROVAL.—

5 “(A) OVERSIGHT.—The Secretary may
6 conduct periodic reviews of the use of funds
7 provided to a State under this section, with re-
8 spect to a purpose described in section 1352, to
9 ensure the State uses such funds for such pur-
10 pose and otherwise complies with the require-
11 ments of this section.

12 “(B) REVOCATION OF APPROVAL.—The
13 approval of an application of a State, with re-
14 spect to a purpose described in section 1352,
15 may be revoked if the State fails to use funds
16 provided to the State under this section for
17 such purpose or otherwise fails to comply with
18 the requirements of this section.

19 “(b) DEFAULT FEDERAL SAFEGUARD FOR 2023 AND
20 2024 FOR CERTAIN STATES.—

21 “(1) IN GENERAL.—For 2023 and 2024, in the
22 case of a State described in paragraph (5), with re-
23 spect to such year, the State shall not be eligible to
24 submit an application under subsection (a), and the
25 Administrator, in consultation with the applicable

1 State authority, shall from the amount calculated
2 under paragraph (3) for such year, carry out the
3 purpose described in paragraph (2) in such State for
4 such year.

5 “(2) SPECIFIED USE.—The amount described
6 in paragraph (3), with respect to a State described
7 in paragraph (5) for 2023 or 2024, shall be used to
8 carry out the purpose described in section
9 1352(a)(1) in such State for such year, as applica-
10 ble, by providing reinsurance payments to health in-
11 surance issuers with respect to attachment range
12 claims (as defined in section 1354(b)(2), using the
13 dollar amounts specified in subparagraph (B) of
14 such section for such year) in an amount equal to,
15 subject to paragraph (4), the percentage (specified
16 for such year by the Secretary under such subpara-
17 graph) of the amount of such claims.

18 “(3) AMOUNT DESCRIBED.—The amount de-
19 scribed in this paragraph, with respect to 2023 or
20 2024, is the amount equal to the total sum of
21 amounts that the Secretary would otherwise esti-
22 mate under section 1354(b)(2)(A)(i) for such year
23 for each State described in paragraph (5) for such
24 year, as applicable, if each such State were not so
25 described for such year.

1 “(4) ADJUSTMENT.—For purposes of this sub-
2 section, the Secretary may apply a percentage under
3 paragraph (3) with respect to a year that is less
4 than the percentage otherwise specified in section
5 1354(b)(2)(B) for such year, if the cost of paying
6 the total eligible attachment range claims for States
7 described in paragraph (5) for such year at such
8 percentage otherwise specified would exceed the
9 amount calculated under paragraph (3) for such
10 year.

11 “(5) STATE DESCRIBED.—A State described in
12 this paragraph, with respect to years 2023 and
13 2024, is a State that, as of January 1 of 2022 or
14 2023, respectively, was not expending amounts
15 under the State plan (or waiver of such plan) for all
16 individuals described in section
17 1902(a)(10)(A)(i)(VIII) during such year.

18 **“SEC. 1354. ALLOCATIONS.**

19 “(a) APPROPRIATION.—For the purpose of providing
20 allocations for States under subsection (b) and payments
21 under section 1353(b) there is appropriated, out of any
22 money in the Treasury not otherwise appropriated,
23 \$10,000,000,000 for 2023 and each subsequent year.

24 “(b) ALLOCATIONS.—

25 “(1) PAYMENT.—

1 “(A) IN GENERAL.—From amounts appro-
2 priated under subsection (a) for a year, the
3 Secretary shall, with respect to a State not de-
4 scribed in section 1353(b) for such year and
5 not later than the date specified under subpara-
6 graph (B) for such year, allocate for such State
7 the amount determined for such State and year
8 under paragraph (2).

9 “(B) SPECIFIED DATE.—For purposes of
10 subparagraph (A), the date specified in this
11 subparagraph is—

12 “(i) for 2023, the date that is 90 days
13 after the date of the enactment of this
14 part; and

15 “(ii) for 2024 or a subsequent year,
16 January 1 of the previous year.

17 “(C) NOTIFICATIONS OF ALLOCATION
18 AMOUNTS.—For 2024 and each subsequent
19 year, the Secretary shall notify each State of
20 the amount determined for such State under
21 paragraph (2) for such year by not later than
22 January 1 of the previous year.

23 “(2) ALLOCATION AMOUNT DETERMINA-
24 TIONS.—

1 “(A) IN GENERAL.—For purposes of para-
2 graph (1), the amount determined under this
3 paragraph for a year for a State described in
4 paragraph (1)(A) for such year is the amount
5 equal to—

6 “(i) the amount that the Secretary es-
7 timates would be expended under this part
8 for such year on attachment range claims
9 of individuals residing in such State if such
10 State used such funds only for the purpose
11 described in paragraph (1) of section
12 1352(a) at the dollar amounts and per-
13 centage specified under subparagraph (B)
14 for such year; minus

15 “(ii) the amount, if any, by which the
16 Secretary determines—

17 “(I) the estimated amount of
18 premium tax credits under section
19 36B of the Internal Revenue Code of
20 1986 that would be attributable to in-
21 dividuals residing in such State for
22 such year without application of this
23 part; exceeds

24 “(II) the estimated amount of
25 premium tax credits under section

1 36B of the Internal Revenue Code of
2 1986 that would be attributable to in-
3 dividuals residing in such State for
4 such year if section 1353(b) applied
5 for such year and applied with respect
6 to such State for such year.

7 For purposes of the previous sentence and sec-
8 tion 1353(b)(3), the term ‘attachment range
9 claims’ means, with respect to an individual, the
10 claims for such individual that exceed a dollar
11 amount specified by the Secretary for a year,
12 but do not exceed a ceiling dollar amount speci-
13 fied by the Secretary for such year, under sub-
14 paragraph (B).

15 “(B) SPECIFICATIONS.—For purposes of
16 subparagraph (A) and section 1353(b)(3), the
17 Secretary shall determine the dollar amounts
18 and the percentage to be specified under this
19 subparagraph for a year in a manner to ensure
20 that the total amount of expenditures under
21 this part for such year is estimated to equal the
22 total amount appropriated for such year under
23 subsection (a) if such expenditures were used
24 solely for the purpose described in paragraph
25 (1) of section 1352(a) for attachment range

1 claims at the dollar amounts and percentage so
2 specified for such year.

3 “(3) AVAILABILITY.—Funds allocated to a
4 State under this subsection for a year shall remain
5 available through the end of the subsequent year.”.

6 (b) BASIC HEALTH PROGRAM FUNDING ADJUST-
7 MENTS.—Section 1331 of the Patient Protection and Af-
8 fordable Care Act (42 U.S.C. 18051) is amended—

9 (1) in subsection (a), by adding at the end the
10 following new paragraph:

11 “(3) PROVISION OF INFORMATION ON QUALI-
12 FIED HEALTH PLAN PREMIUMS.—

13 “(A) IN GENERAL.—For plan years begin-
14 ning on or after January 1, 2023, the program
15 described in paragraph (1) shall provide that a
16 State may not establish a basic health program
17 unless such State furnishes to the Secretary,
18 with respect to each qualified health plan of-
19 fered in such State during a year that receives
20 any reinsurance payment from funds made
21 available under part 6 for such year, the ad-
22 justed premium amount (as defined in subpara-
23 graph (B)) for each such plan and year.

24 “(B) ADJUSTED PREMIUM AMOUNT DE-
25 FINED.—For purposes of subparagraph (A), the

1 term ‘adjusted premium amount’ means, with
2 respect to a qualified health plan and a year,
3 the monthly premium for such plan and year
4 that would have applied had such plan not re-
5 ceived any payments described in subparagraph
6 (A) for such year.”; and

7 (2) in subsection (d)(3)(A)(ii), by adding at the
8 end the following new sentence: “In making such de-
9 termination, the Secretary shall calculate the value
10 of such premium tax credits that would have been
11 provided to such individuals enrolled through a basic
12 health program established by a State during a year
13 using the adjusted premium amounts (as defined in
14 subsection (a)(3)(B)) for qualified health plans of-
15 fered in such State during such year.”.

